



KENTUCKY BOARD OF VETERINARY EXAMINERS

Post Office Box 1360  
Frankfort, Kentucky 40602  
Telephone (502) 564-3296

### VERIFICATION OF STATE LICENSURE

APPLICANT: Complete the top section and forward to state(s) in which you hold or have held a license. You may make as many copies as you need.

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

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TO BE COMPLETED BY STATE LICENSURE AGENCY:

1. License Number \_\_\_\_\_ Date of Issuance \_\_\_\_\_

Date of Expiration \_\_\_\_\_

2. Was your state the state of the applicant's original license? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, what state was? \_\_\_\_\_

3. Is the applicant currently the subject of a pending investigation or complaint by a  
licensing or disciplinary authority in your state? Yes \_\_\_\_\_ No \_\_\_\_\_  
Unable to divulge \_\_\_\_\_ If yes, attach explanation.

4. According to your records, has the applicant ever been disciplined by your Board or  
other State Agency? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, attach explanation.

\_\_\_\_\_  
AUTHORIZED SIGNATURE

STATE SEAL

\_\_\_\_\_  
Title

\_\_\_\_\_  
State

\_\_\_\_\_  
Date

